|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State of Alaska**  **Office of Procurement & Property Management**  **TASK ORDER REQUEST FORM (TOPS)** | | | | | |
| **REQUESTING AGENCY & INFORMATION** | | | | | |
| **Department**  Choose an item. | | | **Division**  Click or tap here to enter text. | | |
| **Billing Contact**  Click or tap here to enter text. | **Email**  Click or tap here to enter text. | | | **Project Manager**  Click or tap here to enter text. | |
| **Project Title**  Click or tap here to enter text. | | | | **Project Estimate (not to exceed)**  Click or tap here to enter text. | |
| **Solicitation Type:**  Choose an item. | **Cost Type:**  Choose an item. | | | | Est. Number of Hours  Click or tap here to enter text. |
| **Estimated Start & End Date**  January 1, 2024 **TO** January 1, 2024 | | **Location of Work**  Choose an item. | | | **Category**  Choose an item. |
| **Response Deadline**  Click or tap to enter a date. | | | | | |
| **State of Alaska IT Standards**  All work on any contract awarded from this Task Order shall be in compliance with state and federal requirements, including but not limited to the state information technology and telecommunication security policies. | | | | | |
| **Department Approval**  I, represent that I am authorized to and do bind the Department to this request and certify that this Task Order is in compliance with the Department’s IT Plan, the Statewide IT Plan and the IT Standards, and is in the best interest of the state. | | | | | |

Complete all applicable sections and e-mail to: [**doataskorders@alaska.gov**](mailto:doataskorders@alaska.gov)

|  |
| --- |
| **Background** |

Click or tap here to enter text.

|  |
| --- |
| **Scope/Statement of Work** |

Click or tap here to enter text.

|  |
| --- |
| **Special Expertise & Experience** |

Click or tap here to enter text.

|  |
| --- |
| **Considerations & Constraints** |

Click or tap here to enter text.

|  |  |
| --- | --- |
| **TASK ORDER REQUEST FORM INSTRUCTIONS** | |
|  | |
| **PRELIMINARY QUESTIONS** | |
| Is this a new Task Order? | Choose an item. |
| Has this specific request been through Task Order/TOPS before? | Choose an item. |
| Is there a TOPS vendor with proprietary information related to this Task Order? | Choose an item. |
| Is this a multiple phase project? | Choose an item. |

|  |
| --- |
| **HEADER INFORMATION AND VENDOR SELECTION** |
| The Task Order Number will be assigned by the Task Order Manager. All registered vendors will be notified of this request. |

|  |  |
| --- | --- |
| **REQUESTING AGENCY INFORMATION** | |
| 1) Department: Select your department from the dropdown box. | |
| 2) Division/Section: Your division and section names. | |
| 3) Billing Contact: The name and contact info that invoices related to this Task Order will go to.  4) CC/LC: The collocation/ledger code that the task order will be billed against. | |
| **TASK ORDER INFORMATION FAQ** |

1. Solicitation Type: Select which solicitation method to use for this Task Order.
   * Best Value will be awarded to the responsive and responsible vendor with the most advantageous response, considering.

project approach and risk assessment, experience and qualifications, Past Performance Information (PPI), and cost. Each of these four evaluation criteria are weighted equally at 25%.

* + Low Price will be awarded to the responsive and responsible vendor with the lowest price after the price has been reduced by a percentage equal to the vendor’s PPI score for evaluation purposes. Response Forms are required under this Solicitation Type.

1. Cost Type: Flat Fixed Fee or Time & Materials. If Time & Materials, must enter estimated number of hours needed. This will be used by the vendors in their Cost Proposal.
2. Response Deadline: All TOPS Requests will be circulated for a minimum of 5 business days. This is a minimum and a later date may be entered.
3. Project Manager: Enter the agency Project Manager name and phone number. This will be the point of contact for all project-specific inquiries.
4. Category: Select the Category number that this Task Order generally falls into. Category definitions can be found at:

<http://doa.alaska.gov/ets/taskorder/>

1. Start/End Dates: Enter the anticipated start and end dates for the Task Order.
2. Project Estimate: Enter the estimated cost of the project. If “NTE” (Not to Exceed) is checked, any cost proposals above this amount will be rejected.
3. Location of Work: Indicate where work should take place. Check “No Preference” if remote work is allowable. All work

must be performed within the United States or Canada.

|  |
| --- |
| **DEPARTMENT APPROVAL** |
| Indicate your department’s approval (IT, fiscal, and procurement) by entering the final approver’s name and checking the box. It is your agency’s responsibility to ensure all internal approvals are obtained prior to submitting this form to the Task Order Manager. nor the Department of Administration assume any responsibility for an agency’s failure to obtain proper internal.  approval. Neither the Task Order Manager |